### Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Amanda First name  L Middle name  Allen Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-6468  |   |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 2 of 48

Case number (if known)

Debtor 1 Amanda L Allen

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 20158 S Graceland Lane, Unit D  | If Debtor 2 lives at a different address:  |
|    |   | Frankfort, IL 60423  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | Will  | Number, direct, dity, diate & 211 dode   |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

Entered 01/15/18 17:02:59
Page 3 of 48 Case 18-01118 Doc 1 Filed 01/15/18 Desc Main

Document Case number (if known) Debtor 1 Amanda L Allen

| Part | 2: Tell the Court About   | Your B     | ankruptcy Ca         | se                               |   |                            |                             |                        |
|------|---|------------|----------------------|----------------------------------|---|----------------------------|-----------------------------|------------------------|
| 7.   | The chapter of the Bankruptcy Code you are  |            |                      |                                  | n of each, see <i>Notice Red</i><br>of page 1 and check the a                         |                            | 12(b) for Individuals Fili  | ng for Bankruptcy      |
|      | choosing to file under  | <b>■</b> C | hapter 7             |                                  |   |                            |                             |                        |
|      |   | □с         | hapter 11            |                                  |   |                            |                             |                        |
|      |   | □с         | hapter 12            |                                  |   |                            |                             |                        |
|      |   | □с         | hapter 13            |                                  |   |                            |                             |                        |
|      |   |            |                      |                                  |   |                            |                             |                        |
| 8.   | How you will pay the fee  | •          | about how yo         | u may pay. Ty<br>attorney is sub | nen I file my petition. Ple<br>pically, if you are paying<br>omitting your payment on | the fee yourself, you ma   | y pay with cash, cashie     | er's check, or money   |
|      |   |            |                      |                                  | stallments. If you choose<br>ofs (Official Form 103A).                                | e this option, sign and at | tach the Application for    | Individuals to Pay     |
|      |   |            |                      |                                  | aived (You may request  |                            |                             |                        |
|      |   |            | applies to you       | ır family size a                 | your fee, and may do so<br>and you are unable to pay                                  | the fee in installments).  | . If you choose this opti   | on, you must fill out  |
|      |   |            | the Application      | n to Have the                    | Chapter 7 Filing Fee Wa   | ived (Official Form 103B   | s) and file it with your pe | etition.               |
|      |   |            |                      |                                  |   |                            |                             |                        |
| 9.   | Have you filed for bankruptcy within the  | ■ No       |                      |                                  |   |                            |                             |                        |
|      | last 8 years?   | □ Ye       |                      |                                  | \A/I <sub>2</sub> = -   |                            | Cara a makar                |                        |
|      |   |            | District             |                                  | When When   |                            |                             |                        |
|      |   |            | District<br>District |                                  | When  |                            | Case number  Case number    |                        |
|      |   |            | DISTRICT             |                                  | when  |                            | Case number                 |                        |
| 10.  | Are any bankruptcy cases pending or being   | ■ No       | )                    |                                  |   |                            |                             |                        |
|      | filed by a spouse who is  | □Y€        | es.                  |                                  |   |                            |                             |                        |
|      | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |            |                      |                                  |   |                            |                             |                        |
|      |   |            | Debtor               |                                  |   | R                          | Relationship to you         |                        |
|      |   |            | District             |                                  | When  | C                          | Case number, if known       |                        |
|      |   |            | Debtor               |                                  |   | R                          | Relationship to you         |                        |
|      |   |            | District             |                                  | When  | C                          | Case number, if known       |                        |
| 11.  | Do you rent your residence?   | ■ No       | Go to I              | ine 12.                          |   |                            |                             |                        |
|      |   | □Y€        | es. Has yo           | ur landlord obt                  | tained an eviction judgme   | ent against you?           |                             |                        |
|      |   |            |                      | No. Go to line                   | : 12.   |                            |                             |                        |
|      |   |            |                      | Yes. Fill out II this bankrupto  | nitial Statement About an<br>by petition.   | Eviction Judgment Aga      | inst You (Form 101A) a      | and file it as part of |
|      |   |            |                      |                                  |   |                            |                             |                        |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

Document Page 4 of 48 Case number (if known) Debtor 1 Amanda L Allen Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

Debtor 1 Amanda L Allen Document Page 5 of 48 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 48 Case number (if known) Debtor 1 Amanda L Allen Document Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses No. are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1** 25,001-50,000 **1**,000-5,000 1-49 you estimate that you **5001-10,000 50.001-100.000** 50-99 owe? □ 10.001-25.000 ☐ More than 100.000 100-199 **200-999** How much do you □ \$0 - \$50.000 □ \$1,000,001 - \$10 million ☐ \$500.000.001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$50,001 - \$100,000 ☐ \$1,000,000,001 - \$10 billion be worth? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion □ \$0 - \$50,000 □ \$1,000,001 - \$10 million estimate your liabilities \$1,000,000,001 - \$10 billion ☐ \$50.001 - \$100,000 □ \$10.000.001 - \$50 million to be? □ \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion **\$100.001 - \$500.000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion ☐ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Amanda L Allen Signature of Debtor 1 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Case 18-01118

Doc 1

Filed 01/15/18

Entered 01/15/18 17:02:59

Desc Main

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 7 of 48 Case number (if known) Debtor 1 Amanda L Allen I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed For your attorney, if you are under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter represented by one for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the If you are not represented by an attorney, you do not need schedules filed with the petition is incorrect? to file this page. Date Signature of Attorney for Debtor Thomas M. Britt Printed name Law Offices of Thomas M. Britt, P.C. Firm name 7601 W. 191st Street, Suite 1W Tinley Park, IL 60487 Number, Street, City, State & ZIP Code Email address Contact phone 6200940 Bar number & State

á

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation        |  |
|--------|-------|--------------------|--|
|        | \$245 | filing fee         |  |
|        | \$75  | administrative fee |  |
| +      | \$15  | trustee surcharge  |  |
|        | \$335 | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

3

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both: 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee + \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

\$235 filing fèe + \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

3

## Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 11 of 48

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 12 of 48 B2030 (Form 2030) (12/15) Document

### **United States Bankruptcy Court** Northern District of Illinois

| In r | re Amanda L Allen   |   | Case No.                                  |                                    |
|------|---|---|---|------------------------------------|
|      |   | Debtor(s)   | Chapter                                   | 7                                  |
|      | DISCLOSURE OF COM   | PENSATION OF ATTORNE  | Y FOR DE                                  | CBTOR(S)                           |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before to be rendered on behalf of the debtor(s) in contempt  | he filing of the petition in bankruptcy, or ag  | reed to be paid                           | to me, for services rendered or to |
|      | FLAT FEE  |   |   |                                    |
|      | For legal services, I have agreed to accept   |   | \$  | 1,600.00                           |
|      | Prior to the filing of this statement I have rec  | eived   | \$  | 600.00                             |
|      | Balance Due   |   | \$  | 1,000.00                           |
|      | □ <u>RETAINER</u>   |   |   |                                    |
|      | For legal services, I have agreed to accept ar  | d received a retainer of  | \$  |                                    |
|      | The undersigned shall bill against the retaine [Or attach firm hourly rate schedule.] Debto fees and expenses exceeding the amount of   | r(s) have agreed to pay all Court approved  | \$  | <u>.</u>                           |
| 2.   | The source of the compensation paid to me was:  |   |   |                                    |
|      | ■ Debtor □ Other (specify):   |   |   |                                    |
| 3.   | The source of compensation to be paid to me is:   |   |   |                                    |
|      | ■ Debtor □ Other (specify):   |   |   |                                    |
| 4.   | ■ I have not agreed to share the above-disclose   | d compensation with any other person unless   | s they are meml                           | pers and associates of my law firm |
|      | ☐ I have agreed to share the above-disclosed co-<br>copy of the agreement, together with a list of  |   |   |                                    |
| 5.   | In return for the above-disclosed fee, I have agree   | ed to render legal service for all aspects of the   | he bankruptcy c                           | ase, including:                    |
|      | <ul> <li>a. Analysis of the debtor's financial situation, an</li> <li>b. Preparation and filing of any petition, schedul</li> <li>c. Representation of the debtor at the meeting of</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured credito reaffirmation agreements and app 522(f)(2)(A) for avoidance of liens</li> </ul> | es, statement of affairs and plan which may<br>creditors and confirmation hearing, and any<br>rs to reduce to market value; exempti<br>lications as needed; preparation and | be required; adjourned head ion planning; | rings thereof;                     |
| 6.   | By agreement with the debtor(s), the above-discle   | sed fee does not include the following servi  | ice:                                      |                                    |

Representation of the debtors in any dischargeability actions.

Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Case 18-01118 Page 13 of 48 Document

Amanda L Allen In re

Debtor(s)

Case No.

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| CERT | IFI | CAT | 'ION |
|------|-----|-----|------|
|------|-----|-----|------|

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Thomas M. Britt

Signature of Attorney

Law Offices of Thomas M. Britt, P.C. 7601 W. 191st Street, Suite 1W

Tinley Park, IL 60487

Name of law firm

Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 14 of 48



# LAW OFFICES OF THOMAS M. BRITT, P.C.



|       | Contract For Chapter 7 Bankruptcy Services  |
|-------|---|
| BRITT | regreement is executed 10 day of 2017, by and between the LAW OFFICES OF THOMAS M. (hereinafter the "Attorney") and Amanda All en, (hereinafter "Client(s)", er one or more). The parties agree as follows:   |
| 1.    | Type of Bankruptcy  |
|       | Client retains attorney to file a Chapter 7 bankruptcy. If the Client determines at a later date that the Client desires to file a chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.  |
| 2.    | Services Provided by Attorney   |
|       | Contingent upon being paid for the services as specified below, the Attorney shall provide the following legal services for the Client:   |
|       | The standard fee includes preparing all the paperwork to start the case, attending the first meeting of creditors, working out "reaffirmations" with your creditors, and dealing with your creditors during the pendency of your case.  |
| 3.    | Fees  |
|       | The base fee for the filing of the bankruptcy is  |
|       | If either of the assumptions set out above are inaccurate, and as a result, the amount of legal service to be provided by the Attorney and/or his staff increased, the fee shall be increased accordingly to compensate the Attorney for the additional time and expense in providing the legal services. |
| 4.    | Terms of Payment  |
|       | a) The fees shall be paid as follows:  \$ 500 to prepare to file   \$ 500 at meeting of creditors   \$ 500 at time of discharge   |
|       | Billed at \$300.00 per hour for TMB.  |
| 5.    | Services Provided Under the Base Fee  |
|       | The following legal services are provided under the base fee:   |

The standard fee includes preparing all the paperwork to start the case, attending the first meeting of creditors, working out "reaffirmations" with your creditors, and dealing with your creditors during the pendency of your case.

#### 6. Services Not Provided Under the Base Fee

There will be additional fees for any extraordinary work, such as real estate transfers, appeals, more than 20 creditors, creditor contests or defending creditor motions, amendments to your petition or schedules, or any work which is not normally a part of

## Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 15 of 48

a routine consumer bankruptcy. These additional fees will be determined when the extraordinary work is required.

### 7. Client's Obligations

The Client's Obligations are as follows:

- a) To pay the fees as set out above.
- b) To provide accurately and honestly all the information necessary to prepare and file the Chapter 7 bankruptcy.
- c) To keep the Attorney advised at all times of the Client's address and telephone numbers.
- d) To attend the 341 Creditors Meeting and any other hearings set in the case, if told to be there.
- e) To provide any information requested of the Debtor by the Chapter 7 Trustee, the U.S. Trustee, or any other party in the case, unless the Court rules that the Client is not required to provide the information.
- f) To respond immediately to any requests of the Client by the Attorney or the Attorney's staff.

|                    | LAW OFFICES OF THOMAS M. BRITT, P.C |
|--------------------|-------------------------------------|
| Date Nov. 10, 2017 | BY: Attorney                        |
| Date 12-4-17       | Client                              |
| Date               |                                     |
|                    | Client                              |

|                      | С  | ase 18-01118   | Doc 1                                |             | 01/15/18<br>ument                  | Entered 01/15/18  | 3 17:02:59                        | Des            | sc N  | ⁄lain   |
|----------------------|--|--|--------------------------------------|-------------|------------------------------------|---|-----------------------------------|----------------|-------|---|
| Fill                 | in this info                                       | rmation to identify yo                                       | our case and t                       |             |                                    | 1 7(1) (1) 4()  |                                   |                |       |   |
| Del                  | btor 1   | Amanda L Alle  | en                                   |             |                                    |   |                                   |                |       |   |
|                      |  | First Name   |                                      | le Name     |                                    | Last Name   |                                   |                |       |   |
|                      | btor 2<br>buse, if filing)                         | First Name   | Midd                                 | le Name     |                                    | Last Name   |                                   |                |       |   |
|                      |  | ankruptcy Court for th                                       |                                      |             |                                    |   |                                   |                |       |   |
| Uni                  | ileu States B                                      | ankrupicy Court for th                                       | e. NORTHEI                           | וו טוט ווא  | RICT OF ILLIN                      | NOIS  |                                   |                |       |   |
| Cas                  | se number  |  |                                      |             |                                    | -   |                                   |                |       | Check if this is an                           |
| _                    |  |  |                                      |             |                                    |   |                                   |                |       | amended filing                                |
|                      |  |  |                                      |             |                                    |   |                                   |                |       |   |
| <u>Of</u>            | ficial Fo  | orm 106A/B   |                                      |             |                                    |   |                                   |                |       |   |
| Sc                   | chedu  | le A/B: Pro  | perty                                |             |                                    |   |                                   |                |       | 12/15   |
| hink<br>nfor<br>insv | k it fits best.<br>rmation. If mo<br>wer every que | Be as complete and acc<br>re space is needed, att<br>estion. | curate as possik<br>ach a separate s | ole. If two | married people<br>iis form. On the | n asset fits in more than one of<br>e are filing together, both are e<br>e top of any additional pages, v | qually responsib                  | le for sup     | plyir | ng correct                                    |
|                      |  | <u> </u>   |                                      |             |                                    |   |                                   |                |       |   |
| . D                  | o you own or                                       | have any legal or equit                                      | able interest in                     | any reside  | ence, building,                    | land, or similar property?  |                                   |                |       |   |
|                      | No. Go to Pa                                       | art 2.   |                                      |             |                                    |   |                                   |                |       |   |
|                      | Yes. Where   | is the property?   |                                      |             |                                    |   |                                   |                |       |   |
|                      |  |  |                                      |             |                                    |   |                                   |                |       |   |
| 1.1                  |  |  |                                      | What        | ic the property                    | 2 Object to all the standards   |                                   |                |       |   |
| 1.1                  | 20158 S  | Graceland Lane   |                                      | vviiat      | Single-family h                    | ? Check all that apply  | Do not doduct or                  | المام المعاددة |       | r avamations. Dut                             |
|                      | Unit D   |  |                                      |             | Duplex or mult                     |   | the amount of an                  | y secured      | clain | r exemptions. Put<br>ns on <i>Schedule D:</i> |
|                      | Street address                                     | s, if available, or other descrip                            | otion                                |             | Condominium                        | · ·   | Creditors Who H                   | lave Claim     | s Sed | cured by Property.                            |
|                      |  |  |                                      | _           | Manufactured                       | or mobile home  |                                   |                |       |   |
|                      | Frankfor   | t IL (   | 60423-0000                           |             | Land                               | or mobile nome  | Current value of entire property? |                |       | rent value of the tion you own?               |
|                      | City   | State  | ZIP Code                             | -           | Investment pro                     | pperty  | \$89,00                           |                | рог   | \$89,000.00                                   |
|                      |  |  |                                      |             | Timeshare                          |   | Describe the na                   | ture of vo     | our o | wnership interest                             |
|                      |  |  |                                      |             | Other                              |   | (such as fee sin                  | nple, tena     |       | by the entireties, or                         |
|                      |  |  |                                      | Who I       | nas an interest Debtor 1 only      | in the property? Check one  | a life estate), if I              | known.         |       |   |
|                      | Will   |  |                                      | _           | Debtor 2 only                      |   |                                   |                |       |   |
|                      | County   |  |                                      |             | Debtor 1 and [                     | Debtor 2 only   |                                   | _              |       |   |
|                      |  |  |                                      |             |                                    | the debtors and another   | ☐ Check if this (see instruction  |                | nunit | y property                                    |
|                      |  |  |                                      |             | information your                   | ou wish to add about this item, on number:  | , such as local                   |                |       |   |
|                      |  |  |                                      |             |                                    |   |                                   |                |       |   |
|                      |  |  |                                      |             |                                    |   |                                   |                |       |   |
|                      |  |  |                                      |             |                                    |   |                                   |                |       |   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$89,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Page 17 of 48

Case number (if known) Document Debtor 1 Amanda L Allen 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevy Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sonic Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the 70,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Manual \$4,000.00 \$4,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,000.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Bedroom Furniture, Table, Couches, Chairs \$1,200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Televisions, Computer, DVD Player, Printer \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment Nο

Case 18-01118

Doc 1

Filed 01/15/18

Entered 01/15/18 17:02:59

Desc Main

|   | Case 18-0111  |  | Lilen 01/12/19   | Dago 19 of 49   |                       |  |
|---|---|--|--|---|-----------------------|--|
| Debtor 1  | Amanda L Allen  |  | Document   | Page 18 of 48 <sub>Case</sub>   | number (if known)     |  |
| ☐ Yes.  | Describe  |  |  |   |                       |  |
| □ No  | es  ples: Everyday clothes, f  Describe   | urs, leather coats   | s, designer wear, shoes  | , accessories   |                       |  |
|   | Used  | d Day to Day W   | Vork Clothes   |   |                       | \$200.00   |
|   |   | u Duy to Duy 1   | TOTAL GIOLIIGO   |   |                       |  |
| ■ No  |   | costume jewelry, e   | engagement rings, wed  | ding rings, heirloom jewelry,   | watches, gems, go     | old, silver  |
| Exam  | arm animals<br>ples: Dogs, cats, birds, h   | norses   |  |   |                       |  |
| ■ No<br>□ Yes.  | Describe  |  |  |   |                       |  |
| ■ No  | ther personal and hous Give specific information  | -  | ı did not already list, i  | ncluding any health aids y  | ou did not list       |  |
|   | the dollar value of all o<br>art 3. Write that numbe  |  |  | ny entries for pages you h  | ave attached          | \$1,900.00   |
| Part 4: De  | escribe Your Financial Ass  | sets   |  |   |                       |  |
|   |   |  |  |   |                       |  |
| Do you ov   | wn or have any legal or   | equitable intere   | est in any of the follow   | ring?   |                       | Current value of the portion you own? Do not deduct secured claims or exemptions.                    |
| 16. <b>Cash</b> Exam <sub>l</sub> ■ No  | ples: Money you have in   | your wallet, in yo   | our home, in a safe dep  | osit box, and on hand when  | you file your petitic | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> <i>Exam</i> ■ No  □ Yes.  17. <b>Depos</b>  | ples: Money you have in  its of money ples: Checking, savings,  | your wallet, in yo   | our home, in a safe dep  | osit box, and on hand when  |                       | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> Examp  ■ No □ Yes.  17. <b>Depos</b> Examp  | ples: Money you have in  its of money ples: Checking, savings,  | your wallet, in yo   | our home, in a safe dep  | osit box, and on hand when  of deposit; shares in credit u titution, list each.                         |                       | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> Examp  ■ No □ Yes.  17. <b>Depos</b> Examp  | ples: Money you have in  its of money ples: Checking, savings, institutions. If you h   | your wallet, in yo   | our home, in a safe dep  I accounts; certificates ounts with the same ins  | osit box, and on hand when  of deposit; shares in credit u titution, list each.                         |                       | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> Examp  ■ No □ Yes.  17. <b>Depos</b> Examp  | ples: Money you have in  its of money ples: Checking, savings, institutions. If you h   | your wallet, in your wallet, i | our home, in a safe depoint of the same institution of | osit box, and on hand when  of deposit; shares in credit untitution, list each.  name:                  |                       | portion you own? Do not deduct secured claims or exemptions.  on  ouses, and other similar           |
| 16. Cash Examp ■ No □ Yes.  17. Depos Examp □ No ■ Yes.  18. Bonds Examp  | ples: Money you have in  its of money ples: Checking, savings, institutions. If you h   | your wallet, in your wallet, in your wallet, in your wallet, in your or other financial nave multiple accordance.  Checking  Checking  | our home, in a safe depoint of the same institution of | osit box, and on hand when  of deposit; shares in credit utitution, list each. name:  c Trail C.B.      |                       | portion you own? Do not deduct secured claims or exemptions.  on  ouses, and other similar  \$260.00 |
| 16. Cash Examp ■ No □ Yes.  17. Depos Examp □ No ■ Yes.  18. Bonds Examp ■ No   | ples: Money you have in  its of money ples: Checking, savings, institutions. If you h   | your wallet, in your wallet, in your wallet, in your wallet, in your or other financial nave multiple accordance.  Checking  Checking  | our home, in a safe deposition of the same institution | osit box, and on hand when  of deposit; shares in credit utitution, list each. name:  c Trail C.B.      |                       | portion you own? Do not deduct secured claims or exemptions.  on  ouses, and other similar  \$260.00 |
| 16. Cash Examp  No □ Yes.  17. Depos Examp  □ No ■ Yes.  18. Bonds Examp ■ No □ Yes.  19. Non-point v                 | ples: Money you have in sits of money ples: Checking, savings, institutions. If you have in the same savings, institutions are savings, institutions. If you have in the savings are savings, institutions are savings. | your wallet, in your wallet, in your wallet, in your or other financial nave multiple account with the content accounts wi | our home, in a safe depoint of the same institution of | osit box, and on hand when  of deposit; shares in credit ustitution, list each.  Trail C.B.  Trail C.B. | nions, brokerage h    | portion you own? Do not deduct secured claims or exemptions.  on  ouses, and other similar  \$260.00 |
| 16. Cash  Examp  No  ☐ Yes.  17. Depos  Examp  ☐ No  ☐ Yes.  18. Bonds  Examp  ☐ No ☐ Yes.  19. Non-pr  joint v  ☐ No | ples: Money you have in  its of money ples: Checking, savings, institutions. If you h  17.1  17.2  i, mutual funds, or pub ples: Bond funds, investr  | or other financial have multiple account.  Checking  Checking  Checking  Institution or is d interests in income   | our home, in a safe deposition of accounts; certificates ounts with the same institution of the color of the  | osit box, and on hand when  of deposit; shares in credit ustitution, list each.  Trail C.B.  Trail C.B. | nions, brokerage h    | portion you own? Do not deduct secured claims or exemptions.  on  ouses, and other similar  \$260.00 |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 19 of 48

Case number (if known) Document Debtor 1 Amanda L Allen 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

Yes. Give specific information..

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 20 of 48

Case number (if known)

Document Debtor 1 Amanda L Allen

| Back Child Support  | \$10,000.00                |
|---|----------------------------|
| 31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance.   | nce                        |
| ■ No □ Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  | Surrender or refund value: |
| 32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recessomeone has died. | eive property because      |
| ■ No □ Yes. Give specific information   |                            |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue                                     |                            |
| ☐ Yes. Describe each claim  |                            |
| <ul> <li>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to No</li> <li>☐ Yes. Describe each claim</li> </ul>  | o set off claims           |
| 35. Any financial assets you did not already list  ■ No □ Yes. Give specific information  |                            |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | \$10,360.00                |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |                            |
| 37. Do you own or have any legal or equitable interest in any business-related property?  |                            |
| ■ No. Go to Part 6.  □ Yes. Go to line 38.  |                            |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.   |                            |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?   |                            |
| ■ No. Go to Part 7.  □ Yes. Go to line 47.  |                            |
| 1 Fes. 30 to line 47.   |                            |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  |                            |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  ■ No   |                            |
| ☐ Yes. Give specific information  |                            |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5 Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 21 of 48

Case number (if known)

Document Debtor 1 Amanda L Allen

| Part | List the Totals of Each Part of this Form                    |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$89,000.00  |
| 56.  | Part 2: Total vehicles, line 5                               | \$4,000.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$1,900.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$10,360.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$16,260.00 | Copy personal property total | \$16,260.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$105,260.00 |

Official Form 106A/B Schedule A/B: Property page 6 Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Amanda L Allen           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 20158 S Graceland Lane Unit D Frankfort, IL 60423 Will County                       | \$89,000.00                          |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2012 Chevy Sonic 70,000 miles<br>Manual   | \$4,000.00                           |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Bedroom Furniture, Table, Couches, Chairs   | \$1,200.00                           |     | \$1,200.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Televisions, Computer, DVD Player,  | \$500.00                             | •   | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>7.1</b>  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Day to Day Work Clothes Line from Schedule A/B: 11.1                           | \$200.00                             |     | \$200.00  | 735 ILCS 5/12-1001(a)              |
| LINE HOLL SCHEUUIE PAD. TT.T  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 23 of 48

Case number (if known)

|    | Amanda L Anen   |                                      |        |   |                                    |
|----|---|--------------------------------------|--------|---|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che    |   |                                    |
|    | Checking: Old Plank Trail C.B. Line from Schedule A/B: 17.1                         | \$260.00                             |        | \$260.00  | 735 ILCS 5/12-1001(b)              |
|    | Line Horr Schedule A.B. 1111  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: Old Plank Trail C.B. Line from Schedule A/B: 17.2                         | \$100.00                             |        | \$100.00  | 735 ILCS 5/12-1001(b)              |
|    | Line nom concede v.E. The   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Back Child Support Line from Schedule A/B: 30.1                                     | \$10,000.00                          |        | \$10,000.00   | 735 ILCS 5/12-1001(g)(4)           |
|    | Line Horr Schedule A.D. 30.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |        | led on or after the date of adjustmen                           | nt.)                               |
|    | ☐ Yes. Did you acquire the property cove☐ No  | red by the exemption wi              | thin 1 | ,215 days before you filed this case                            | ?                                  |
|    | ☐ Yes   |                                      |        |   |                                    |
|    | □ 162   |                                      |        |   |                                    |

| Cas   | e 19-01119               |   | ntereu i<br>ae 24 o | 01/13/16 17.<br>of 48            | 02.59 Des             | C Main               |
|---|--------------------------|---|---------------------|----------------------------------|-----------------------|----------------------|
| Fill in this informa                              | ation to identify you    |   |                     | 1 -()                            |                       |                      |
| Debtor 1  | Amanda L Aller           | <b>.</b>  |                     |                                  |                       |                      |
| Debior 1  | First Name               | Middle Name Last N  | Name                |                                  | -                     |                      |
| Debtor 2  |                          |   |                     |                                  |                       |                      |
| (Spouse if, filing)                               | First Name               | Middle Name Last N  | lame                |                                  | •                     |                      |
| United States Bank                                | kruptcy Court for the    | : NORTHERN DISTRICT OF ILLINOIS   | i                   |                                  | -                     |                      |
| Case number                                       |                          |   |                     |                                  |                       |                      |
| (if known)  |                          |   |                     |                                  | c                     | heck if this is an   |
|   |                          |   |                     |                                  | ar                    | mended filing        |
| O#: -: -! =                                       | 400D                     |   |                     |                                  |                       |                      |
| Official Form                                     |                          |   |                     |                                  |                       |                      |
| Schedule [  | D: Creditors             | s Who Have Claims Sec   | ured l              | by Propert                       | У                     | 12/15                |
|   |                          | If two married people are filing together, both   |                     |                                  |                       |                      |
| s needed, copy the <i>l</i><br>number (if known). | Additional Page, fill it | out, number the entries, and attach it to this  | form. On th         | e top of any addition            | nal pages, write you  | ur name and case     |
| , ,   | ave claims secured b     | y your property?  |                     |                                  |                       |                      |
| ☐ No. Check t                                     | his box and submit t     | his form to the court with your other sched   | ules. You           | have nothing else t              | to report on this for | rm.                  |
| _   | all of the information   | •   |                     |                                  |                       |                      |
|   |                          | below.  |                     |                                  |                       |                      |
|   | Secured Claims           |   |                     | Column A                         | Column B              | Column C             |
|   |                          | more than one secured claim, list the creditor se<br>is a particular claim, list the other creditors in Par |                     | Amount of claim                  | Value of collatera    |                      |
|   |                          | ical order according to the creditor's name.  | 1 Z. A3             | Do not deduct the                | that supports thi     | s portion            |
| 2.1 Guaranteed                                    | d Pate                   | Describe the property that secures the clai   | im-                 | value of collateral. \$73,000.00 | claim \$89,000.       | If any<br>.00 \$0.00 |
| Creditor's Name                                   | u Nate                   | Mortgage on 20158 S Graceland   | <del>''''</del>     | φ <i>τ</i> 3,000.00              | <b>Ψ09,000.</b>       | <u> </u>             |
|   |                          | Lane, Unit D, Frankfort, IL 60423   |                     |                                  |                       |                      |
| 1 Corporate                                       | e Drive                  |   |                     |                                  |                       |                      |
| Suite 350   |                          | As of the date you file, the claim is: Check at apply.  | II that             |                                  |                       |                      |
| Lake Zuricl                                       | h, IL 60047              | ☐ Contingent  |                     |                                  |                       |                      |
| Number, Street, C                                 | City, State & Zip Code   | ☐ Unliquidated  |                     |                                  |                       |                      |
|   |                          | Disputed  |                     |                                  |                       |                      |
| Who owes the deb                                  | t? Check one.            | Nature of lien. Check all that apply.   |                     |                                  |                       |                      |
| Debtor 1 only                                     |                          | An agreement you made (such as mortgage   | ge or secure        | ed                               |                       |                      |
| Debtor 2 only                                     |                          | car loan)   |                     |                                  |                       |                      |
| Debtor 1 and Deb                                  | •                        | Statutory lien (such as tax lien, mechanic's  | ilien)              |                                  |                       |                      |
| At least one of the                               |                          | ☐ Judgment lien from a lawsuit  |                     |                                  |                       |                      |
| ☐ Check if this clai<br>community debt            |                          | Other (including a right to offset)   |                     |                                  |                       |                      |
| Date debt was incur                               | red                      | Last 4 digits of account number   | 8553                |                                  |                       |                      |
|   |                          |   |                     |                                  |                       |                      |
| Add the dollar value                              | ue of your entries in C  | Column A on this page. Write that number her  | re:                 | \$73,00                          | 00 00                 |                      |
|   | •                        | the dollar value totals from all pages.   |                     |                                  |                       |                      |
| Write that number                                 | horo:                    | · ·   |                     | \$73,00                          | JU.UU                 |                      |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

| Fill in                              |  |  | Docum  | ient Page 2  | 5 of 48   |   |
|--------------------------------------|--|--|--|--|---|---|
|                                      | this informati   | ion to identify your o   | ase:   |  |   |   |
| Debtor                               | · 1  | Amanda L Allen   |  |  |   |   |
|                                      | ī  | First Name   | Middle Name  | Last Name  |   |   |
| Debtor<br>(Spouse                    | _  | First Name   | Middle Name  | Last Name  |   |   |
|                                      |  |  |  |  |   |   |
| United                               | States Bankru  | uptcy Court for the:   | NORTHERN DISTRIC   | CT OF ILLINOIS   |   |   |
| Case r                               | number   |  |  |  |   |   |
| (if known                            | n)   |  |  |  |   | ☐ Check if this is an   |
|                                      |  |  |  |  |   | amended filing  |
| Offici                               | ial Form 1   | 106E/F   |  |  |   |   |
|                                      |  |  | ho Have Unsec  | cured Claims   |   | 12/15   |
| Schedul<br>Schedul<br>eft. Atta      | le G: Executory<br>le D: Creditors   | y Contracts and Unexp<br>Who Have Claims Secu<br>uation Page to this pag   | ired Leases (Official Form<br>ured by Property. If more  | n 106G). Do not include<br>space is needed, copy   | contracts on Schedule A/B: Propert<br>any creditors with partially secured<br>the Part you need, fill it out, numbe<br>do not file that Part. On the top of a                 | claims that are listed in r the entries in the boxes on the                                 |
| Part 1:                              | List All of  | f Your PRIORITY Un   | secured Claims   |  |   |   |
| 1. Do                                | any creditors h  | have priority unsecured  | d claims against you?  |  |   |   |
|                                      | No. Go to Part 2   | 2.   |  |  |   |   |
|                                      |  |  |  |  |   |   |
|                                      | Yes.   |  |  |  |   |   |
| □<br>Part 2                          | List All of  |  | Y Unsecured Claims   |  |   |   |
| □<br>Part 2                          | List All of  |  | Y Unsecured Claims<br>ured claims against you?   | ?  |   |   |
| □<br>Part 2:<br>3. Do                | List All of any creditors h  | have nonpriority unsec   |  |  | edules.   |   |
| □ Part 2: 3. Do □                    | List All of any creditors h  | have nonpriority unsec   | ured claims against you?   |  | edules.   |   |
| Part 2: 3. Do                        | List All of<br>any creditors h<br>No. You have no<br>Yes.<br>at all of your not<br>becured claim, list   | have nonpriority unsection thing to report in this parameter that the control of  | art. Submit this form to the aims in the alphabetical o  | court with your other sche   | edules.  • holds each claim. If a creditor has itype of claim it is. Do not list claims allow three nonpriority unsecured claims file.  | eady included in Part 1. If more  |
| Part 2: 3. Do                        | List All of any creditors have no Yes.  It all of your not secured claim, list no one creditor he  | have nonpriority unsection thing to report in this parameter that the control of  | art. Submit this form to the aims in the alphabetical o  | court with your other sche   | o holds each claim. If a creditor has i<br>type of claim it is. Do not list claims ali  | eady included in Part 1. If more  |
| Part 2: 3. Do  4. Liss uns that Part | any creditors have no Yes.  It all of your not secured claim, lis no one creditor her t 2.   | have nonpriority unsection thing to report in this parameter of the properties of the creditor separately tolds a particular claim, limerica   | art. Submit this form to the alphabetical or for each claim. For each c st the other creditors in Par  | court with your other sche   | o holds each claim. If a creditor has i<br>type of claim it is. Do not list claims ali  | ready included in Part 1. If more I out the Continuation Page of                            |
| Part 2: 3. Do  4. Liss uns that Part | And the second of the second of the second claim, list on one creditor her table.  Bank of Ar Nonpriority Creditors here.  | have nonpriority unsection thing to report in this parameter of the control of th | art. Submit this form to the alphabetical or for each claim. For each c st the other creditors in Par  | order of the creditor who<br>claim listed, identify what to<br>rt 3.If you have more than  | b holds each claim. If a creditor has a type of claim it is. Do not list claims all a three nonpriority unsecured claims file.  | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | any creditors have no Yes.  It all of your not secured claim, lis no one creditor her t 2.   | have nonpriority unsection thing to report in this parameter of the control of th | art. Submit this form to the alphabetical or for each claim. For each c st the other creditors in Par  | order of the creditor who<br>claim listed, identify what to<br>rt 3.lf you have more than  | o holds each claim. If a creditor has i<br>type of claim it is. Do not list claims all<br>three nonpriority unsecured claims fil  | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not secured claim, list on one creditor her t 2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, TX   | have nonpriority unsection thing to report in this parameter of the control of th | art. Submit this form to the aims in the alphabetical or for each claim. For each claim. For each claim the other creditors in Par   | order of the creditor who<br>claim listed, identify what to<br>rt 3.If you have more than  | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file   | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | No. You have no Yes.  It all of your not secured claim, list none creditor hert 2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, T. Number Street Who incurred  | nothing to report in this particular claim, limerica reditor's Name 32234 X 79998 et City State Zlp Code d the debt? Check one.  | art. Submit this form to the aims in the alphabetical or for each claim. For each claim. For each claim the other creditors in Par  Last 4 dig   | order of the creditor who claim listed, identify what to the 3. If you have more than gits of account number as the debt incurred?   | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file   | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | No. You have no Yes.  It all of your nor secured claim, list none creditor her t.2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, T. Number Street  | nothing to report in this particular claim, limerica reditor's Name 32234 X 79998 et City State Zlp Code d the debt? Check one.  | art. Submit this form to the aims in the alphabetical or for each claim. For each claim. For each cist the other creditors in Part Last 4 dig  When was As of the  | order of the creditor who claim listed, identify what it 3.If you have more than gits of account number is the debt incurred?  | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file   | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not becured claim, list on one creditor have not yes.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, To Number Street Who incurred Debtor 1 of Debtor 2 of | continuity unsecured class the creditor separately colds a particular claim, limerica reditor's Name 32234 X 79998 et City State Zlp Code d the debt? Check one.   | art. Submit this form to the aims in the alphabetical or of or each claim. For each claim. For each claim. For each claim. Submit the other creditors in Part 4 dig When was As of the Conting Unliqui   | order of the creditor who claim listed, identify what it at 3.lf you have more than gits of account number as the debt incurred?  date you file, the claim if gent ideated   | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file   | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not secured claim, list none creditor hat 2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, To Number Street Who incurred Debtor 1 or Debtor 2 or Debtor 1 ar  | have nonpriority unsection thing to report in this parameter of the creditor separately tolds a particular claim, limerica reditor's Name 32234 X 79998 of City State Zlp Code of the debt? Check one.   | art. Submit this form to the aims in the alphabetical or for each claim. For each claim. For each claim. For each dist the other creditors in Par  Last 4 dig  When was  As of the   | court with your other sche prider of the creditor who claim listed, identify what i rt 3.If you have more than gits of account number s the debt incurred? date you file, the claim i gent idated ed   | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file.  2070  05/15  is: Check all that apply           | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not secured claim, list none creditor her t 2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, T. Number Street Who incurred Debtor 1 or Debtor 2 or Debtor 1 ar At least on.   | continuity unsecured class the creditor's particular claim, limerica reditor's Name 32234 X 79998 at City State Zlp Code of the debt? Check one. It is considered to the debt only and Debtor 2 only the of the debtors and and the debtors are debtors and the debtors and the debtors are debtors and the debtors are debtors and the debtors are debtors.   | art. Submit this form to the aims in the alphabetical or for each claim. Conting.    Conting   | order of the creditor who claim listed, identify what in the 3. If you have more than gits of account number is the debt incurred?  date you file, the claim if gent ideated ed  | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file.  2070  05/15  is: Check all that apply           | ready included in Part 1. If more Il out the Continuation Page of                           |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not secured claim, list none creditor her t 2.  Bank of Ar Nonpriority Cre PO Box 98 El Paso, T. Number Street Who incurred Debtor 1 or Debtor 1 or Debtor 1 ar At least on Check if the None Creditor have the control of t | have nonpriority unsection thing to report in this parameter of the creditor separately tolds a particular claim, limerica reditor's Name 32234 X 79998 of City State Zlp Code of the debt? Check one.   | art. Submit this form to the aims in the alphabetical of for each claim. Conting.    Conting   | order of the creditor who claim listed, identify what it a.lf you have more than gits of account number as the debt incurred?  date you file, the claim it identify detections to the company of the claim it identifies the company of | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file.  2070  05/15  is: Check all that apply  d claim: | ready included in Part 1. If more II out the Continuation Page of  Total claim  \$11,515.00 |
| Part 2: 3. Do                        | List All of any creditors have not yes.  It all of your not secured claim, list none creditor her t 2.  Bank of Arr Nonpriority Cre PO Box 98 El Paso, T. Number Street Who incurred Debtor 1 or Debtor 2 or Debtor 1 arr At least one Check if the debt   | continuity unsecured class the creditor's particular claim, limerica reditor's Name 32234 X 79998 at City State Zlp Code of the debt? Check one. It is considered to the debt only and Debtor 2 only the of the debtors and and the debtors are debtors and the debtors and the debtors are debtors and the debtors are debtors and the debtors are debtors.   | art. Submit this form to the aims in the alphabetical of for each claim. Conting.    Conting   | order of the creditor who claim listed, identify what it a.lf you have more than gits of account number as the debt incurred?  date you file, the claim it identify detections to the company of the claim it identifies the company of | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file.  2070  05/15  is: Check all that apply           | ready included in Part 1. If more II out the Continuation Page of  Total claim  \$11,515.00 |
| Part 2: 3. Do  4. Liss uns that Part | List All of any creditors have not yes.  It all of your not secured claim, list none creditor her t 2.  Bank of Arr Nonpriority Cre PO Box 98 El Paso, T. Number Street Who incurred Debtor 1 or Debtor 2 or Debtor 1 arr At least one Check if the debt   | continuity unsecured class the creditor's particular claim, limerica reditor's Name 32234 X 79998 red to the debt? Check one. It is only and Debtor 2 only the of the debtors and and this claim is for a committee on the control of the debtors and and this claim is for a committee on the debtor and and this claim is for a committee on the debtors and and this claim is for a committee on the debtors and and this claim is for a committee on the debtors and and this claim is for a committee on the debtors and and the debtors and the debt | art. Submit this form to the aims in the alphabetical of for each claim.    Last 4 dig   When was     As of the claim.   Conting   Unliquity   Dispute   Type of New ther   Studen   Studen   Cobligation   Coblig | order of the creditor who claim listed, identify what it it 3. If you have more than gits of account number is the debt incurred?  date you file, the claim it ided ded conpriority unsecured it loans tions arising out of a separation of the country claims.  | b holds each claim. If a creditor has a type of claim it is. Do not list claims all three nonpriority unsecured claims file.  2070  05/15  is: Check all that apply  d claim: | ready included in Part 1. If more II out the Continuation Page of  Total claim  \$11,515.00 |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 26 of 48

Debtor 1 Amanda L Allen Case number (if know) 4.2 \$7,760.00 **Barclay Card** Last 4 digits of account number 8521 Nonpriority Creditor's Name PO Box 60517 When was the debt incurred? 05/16 City of Industry, CA 91716-0517 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.3 \$501.00 ComEd Last 4 digits of account number 8041 Nonpriority Creditor's Name PO Box 6111 When was the debt incurred? 10/17 Carol Stream, IL 60197-6111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Utility Bill** Other. Specify 4.4 Discover Last 4 digits of account number 7112 \$3,215.00 Nonpriority Creditor's Name PO Box 15316 When was the debt incurred? 12/14 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card purchases

Entered 01/15/18 17:02:59 Case 18-01118 Doc 1 Filed 01/15/18 Desc Main Document

Page 27 of 48 Case number (if know) Debtor 1 Amanda L Allen 4.5 \$186.00 **DS News** Last 4 digits of account number Nonpriority Creditor's Name 1349 Empire Central Drive When was the debt incurred? 08/17 Suite 900 Dallas, TX 75247 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No **Advertising Cost** ☐ Yes Other. Specify 4.6 **GAP DC** \$4,255.00 Last 4 digits of account number 721X Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 12/15 PO Box 965005 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit card purchases Other. Specify 4.7 Home \$825.00 Last 4 digits of account number 455X Nonpriority Creditor's Name c/o Synchrony Bank When was the debt incurred? 02/17 PO Box 965036 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 28 of 48 Case number (if know)

|         | 1 Amanda L Allen  | Case number (if know)   |            |  |  |  |
|---------|---|---|------------|--|--|--|
| 4.8     | Target Nonpriority Creditor's Name  | Last 4 digits of account number 3300  | \$110.00   |  |  |  |
|         | PO Box 673  | When was the debt incurred? 07/17   |            |  |  |  |
|         | Minneapolis, MN 55440  Number Street City State Zlp Code                                  | As of the date you file the claim is: Check all that each   |            |  |  |  |
|         | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|         | ■ Debtor 1 only   | ☐ Contingent  |            |  |  |  |
|         | ☐ Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|         | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |
|         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|         | ☐ Check if this claim is for a community  | ☐ Student loans   |            |  |  |  |
|         | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |  |  |
|         | No  | □ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |
|         | □ Yes   | ■ Other. Specify Credit card purchases  |            |  |  |  |
| 4.9     | Village of Frankfort  | Last 4 digits of account number 0002  | \$110.00   |  |  |  |
|         | Nonpriority Creditor's Name 432 Nebraska St   | When was the debt incurred? 10/17   |            |  |  |  |
|         | Frankfort, IL 60423  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|         | ■ Debtor 1 only   | Поле  |            |  |  |  |
|         | _ ′   | □ Contingent  |            |  |  |  |
|         | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|         | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|         | At least one of the debtors and another   | Student loans   |            |  |  |  |
|         | ☐ Check if this claim is for a community debt   | Dobligations arising out of a separation agreement or divorce that you did not                            |            |  |  |  |
|         | Is the claim subject to offset?   | report as priority claims   |            |  |  |  |
|         | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |
|         | Yes   | Other. Specify Utility Bill   |            |  |  |  |
| 4.1     | WF Card Services  | Last 4 digits of account number 445X  | \$3,980.00 |  |  |  |
|         | Nonpriority Creditor's Name PO Box 14517  | When was the debt incurred? 12/16   |            |  |  |  |
|         | Des Moines, IA 50306  Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|         | Who incurred the debt? Check one.   | •   |            |  |  |  |
|         | ■ Debtor 1 only   | ☐ Contingent  |            |  |  |  |
|         | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|         | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |
|         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|         | ☐ Check if this claim is for a community  | ☐ Student loans   |            |  |  |  |
|         | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
|         | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |
|         | Yes   | ■ Other. Specify Credit card purchases  |            |  |  |  |
| Part 3: | List Others to Be Notified About a Deb  | t That You Already Listed   |            |  |  |  |
|         | List Others to be Mothled About a Deb   | n mat rou Alleauy Listeu  |            |  |  |  |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Entered 01/15/18 17:02:59 Case 18-01118 Doc 1 Filed 01/15/18 Desc Main Page 29 of 48 Case number (if know) Document

Debtor 1 Amanda L Allen

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 1  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | 7  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 32,457.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 32,457.00   |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

|                     |                          | 1700.11111        | 111 FAUE 30 01 40 |  |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                   |  |
| Debtor 1            | Amanda L Allen           |                   |                   |  |
|                     | First Name               | Middle Name       | Last Name         |  |
| Debtor 2            |                          |                   |                   |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number         |                          |                   |                   |  |
| (ii iaiomi)         |                          |                   |                   |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Numbe | whom you have the | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|-------------------|-------------------|---|
| 2.1 |           |                               |                   |                   |   |
|     | Name      |                               |                   |                   | _                                       |
|     | Number    | Street                        |                   |                   | _                                       |
|     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| 2.2 | Ony       |                               | Clato             | Zii Codo          |   |
|     | Name      |                               |                   |                   | _                                       |
|     | Number    | Street                        |                   |                   |   |
|     | City      |                               | State             | ZIP Code          | <del>_</del>                            |
| 2.3 | Oity      |                               | Clato             | 211 0000          |   |
|     | Name      |                               |                   |                   | _                                       |
|     |           |                               |                   |                   |   |
|     | Number    | Street                        |                   |                   |   |
|     | City      |                               | State             | ZIP Code          |   |
| 2.4 |           |                               |                   |                   |   |
|     | Name      |                               |                   |                   |   |
|     | Number    | Street                        |                   |                   | _                                       |
|     |           |                               |                   |                   |   |
|     | City      |                               | State             | ZIP Code          |   |
| 2.5 |           |                               |                   |                   |   |
|     | Name      |                               |                   |                   |   |
|     | Number    | Street                        |                   |                   | <u> </u>                                |
|     | Number    | Sileet                        |                   |                   |   |
|     | City      |                               | State             | ZIP Code          | <del>-</del>                            |
|     |           |                               |                   |                   |   |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

|                                 |  | Docume  | ent Page 31 d                              | of 48  |           |
|---------------------------------|--|---|--|--|-----------|
| Fill in this                    | information to identify your   | case:   |  |  |           |
| Debtor 1                        | Amanda L Allen   |   |  |  |           |
| Dobto: 1                        | First Name   | Middle Name   | Last Name                                  |  |           |
| Debtor 2                        |  |   |  |  |           |
| (Spouse if, filing              | g) First Name  | Middle Name   | Last Name                                  |  |           |
| United Stat                     | es Bankruptcy Court for the:   | NORTHERN DISTRICT                                     | OF ILLINOIS                                |  |           |
| Case numb                       | per  |   |  |  |           |
| (if known)                      |  |   |  | ☐ Check if this is a   | n         |
|                                 |  |   |  | amended filing   |           |
|                                 | _  |   |  |  |           |
| Official                        | Form 106H  |   |  |  |           |
| Sched                           | ule H: Your Cod  | ebtors  |  | 1  | 2/15      |
|                                 |  |   |  |  |           |
| our name                        | and case number (if known)   | . Answer every question                               |  | to this page. On the top of any Additional Pages,  | write     |
| 1. Do y                         | you have any codebtors? (If  | you are filing a joint case,                          | do not list either spouse                  | e as a codebtor.   |           |
| ■ No                            |  |   |  |  |           |
| ☐ Yes                           |  |   |  |  |           |
| Arizona  No.                    | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,<br>Go to line 3.<br>. Did your spouse, former spo | Nevada, New Mexico, Pu                                | erto Rico, Texas, Wash                     | ry? (Community property states and territories includington, and Wisconsin.)   | е         |
| 3. In Colu<br>in line<br>Form 1 | umn 1, list all of your codebt<br>2 again as a codebtor only i   | ors. Do not include your<br>f that person is a guaran | spouse as a codebtor tor or cosigner. Make | r if your spouse is filing with you. List the person<br>sure you have listed the creditor on Schedule D (<br>16G). Use Schedule D, Schedule E/F, or Schedule | (Official |
| C                               | Column 1: Your codebtor  |   |  | Column 2: The creditor to whom you owe the   | e debt    |
| N                               | lame, Number, Street, City, State and Zi   | P Code  |  | Check all schedules that apply:  |           |
| 3.1                             |  |   |  | ☐ Schedule D, line   |           |
|                                 | Name   |   |  | ☐ Schedule E/F, line   |           |
|                                 |  |   |  | ☐ Schedule G, line   |           |
|                                 |  |   |  |  |           |
|                                 | Number Street  | Ctoto   | ZIP Code                                   |  |           |
|                                 | City   | State   | ZIP Code                                   |  |           |
| 3.2                             |  |   |  | ☐ Schedule D, line   |           |
|                                 | Name   |   |  | ☐ Schedule E/F, line   |           |
|                                 |  |   |  | ☐ Schedule G, line   |           |
| _                               |  |   |  |  |           |
|                                 | Number Street  | Stato   | ZIP Code                                   |  |           |
| (                               | City   | State   | ZIP Code                                   |  |           |

# Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 32 of 48

| Fill        | in this information to identify yo  | our case:  |   |                |             |            |                         |                                   |          |
|-------------|---|--|---|----------------|-------------|------------|-------------------------|-----------------------------------|----------|
| Del         | otor 1 Amanda   | a L Allen  |   |                |             |            |                         |                                   |          |
|             | otor 2  buse, if filing)  |  |   |                |             |            |                         |                                   |          |
| Uni         | ted States Bankruptcy Court fo  | or the: NORTHERN DISTRIC                                       | CT OF ILLINOIS                                      |                |             |            |                         |                                   |          |
| (If kr      | se number   |  | -   |                | □ Ar        |            | ed filing<br>ent showin | ng postpetition<br>ollowing date: |          |
| 0           | fficial Form 106l   |  |   |                | M           | M / DD/ Y  | YYYY                    |                                   |          |
| S           | chedule I: Your I   | ncome  |   |                |             |            |                         |                                   | 12/15    |
| spo<br>atta | plying correct information. If use. If you are separated and the a separate sheet to this formation.  Describe Employment | d your spouse is not filing w<br>orm. On the top of any additi | ith you, do not includ                              | de information | on about    | your spo   | ouse. If mo             | ore space is                      | needed,  |
| 1.          | Fill in your employment<br>information.   |  | Debtor 1  |                |             | Debtor 2   | 2 or non-fi             | iling spouse                      |          |
|             | If you have more than one jo<br>attach a separate page with<br>information about additional                               | b, Employment status   | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                |             | ☐ Emplo    | •                       |                                   |          |
|             | employers.  | Occupation   | Self Employed                                       |                |             |            |                         |                                   |          |
|             | Include part-time, seasonal, self-employed work.  | or <b>Employer's name</b>                                      |   |                |             |            |                         |                                   |          |
|             | Occupation may include stude or homemaker, if it applies.   | dent Employer's address  | 20158 S Gracela<br>D<br>Frankfort, IL 604           |                | nit         |            |                         |                                   |          |
|             |   | How long employed t  | here? 4 Years                                       |                |             | _          |                         |                                   |          |
| Par         | t 2: Give Details About   | t Monthly Income   |   |                |             |            |                         |                                   |          |
|             | mate monthly income as of t<br>use unless you are separated.  | the date you file this form. If                                | you have nothing to re                              | port for any l | ine, write  | \$0 in the | space. Ind              | clude your no                     | n-filing |
| -           | u or your non-filing spouse have space, attach a separate she   |  | ombine the information                              | for all emplo  | oyers for t | that perso | on on the li            | nes below. If                     | you need |
|             |   |  |   |                | For Deb     | tor 1      |                         | btor 2 or<br>ing spouse           |          |
| 2.          |   | salary, and commissions (b<br>thly, calculate what the month   |   | 2. \$          |             | 0.00       | \$                      | N/A                               | -        |
| 3.          | Estimate and list monthly of  | overtime pay.  |   | 3. +\$         |             | 0.00       | +\$                     | N/A                               |          |
| 1           | Calculate gross Income A  | dd ling 2 1 ling 3   |   | 1 6            |             | 0.00       | · ·                     | NI/A                              | ]        |

# Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 33 of 48

| Deb      | tor 1             | Amanda L Allen  | _                 | C   | Case             | number (if kn | own)  |                |                    |                   |                  |
|----------|-------------------|---|-------------------|-----|------------------|---------------|-------|----------------|--------------------|-------------------|------------------|
|          |                   |   |                   |     | For              | Debtor 1      |       |                | Debtor<br>filing s | 2 or              |                  |
|          | Cop               | y line 4 here   | 4.                |     | \$               | 0             | .00   | \$             |                    | N/A               | <u> </u>         |
| 5.       | List              | all payroll deductions:   |                   |     |                  |               |       |                |                    |                   |                  |
|          | 5a.<br>5b.        | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans  | 5a.<br>5b.        |     | \$<br>\$         |               | .00   | \$             |                    | N/A<br>N/A        | _                |
|          | 5c.<br>5d.<br>5e. | Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance   | 5c.<br>5d.<br>5e. |     | \$_<br>\$_<br>\$ | 0             | .00   | \$<br>\$       |                    | N/A<br>N/A<br>N/A | <u> </u>         |
|          | 5f.<br>5g.        | Domestic support obligations Union dues   | 5f.<br>5g.        |     | \$<br>_<br>\$    | 0             | .00   | \$             |                    | N/A<br>N/A        | <u> </u>         |
| •        | 5h.               | Other deductions. Specify:  | _ 5h.             |     | \$_<br>_         |               | .00   |                |                    | N/A               | _                |
| 6.<br>7. |                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. culate total monthly take-home pay. Subtract line 6 from line 4.   | 6.<br>7.          |     | \$<br>\$         |               | .00   | \$<br>\$       |                    | N/A               | _                |
| 8.       |                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8a.<br>8b.        |     | \$<br>\$<br>\$   | 1,700         | .00   | \$<br>\$<br>\$ |                    | N/A<br>N/A<br>N/A | -<br>-<br>-      |
|          | 8d.               | Unemployment compensation   | 8d.               |     | <u>\$</u> -      |               | .00   | \$             |                    | N/A               | _                |
|          | 8e.<br>8f.        | Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8e.<br>8f.        |     | \$<br>\$         |               | .00   | \$<br>         |                    | N/A<br>N/A        | _                |
|          | 8g.               | Pension or retirement income  | – 8g.             |     | <b>\$</b> -      |               | .00   | \$—            |                    | N/A               | _                |
|          | 8h.               | Other monthly income. Specify:  | 8h.               |     | \$_              |               | .00   | + \$           |                    | N/A               | _                |
| 9.       | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$  | S                | 2,100         | .00   | \$             |                    | N/                | A                |
| 10.      |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.               | \$_ |                  | 2,100.00      | + \$_ |                | N/A                | = \$ _            | 2,100.00         |
| 11.      | Inclu<br>othe     | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:  | depe              |     |                  | •             |       |                | chedule<br>11.     |                   | 0.00             |
| 12.      |                   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |                   |     |                  |               |       |                | 12.                | \$                | 2,100.00         |
| 13.      | Do y              | ou expect an increase or decrease within the year after you file this form No.  | ?                 |     |                  |               |       |                | ι                  | Combi<br>month    | ned<br>ly income |
|          | _                 | Yes Explain:  |                   |     |                  |               |       |                |                    |                   |                  |

# Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 34 of 48

| -    | in this information to identify your case:  |                            |                                   |                  |   |
|------|---|----------------------------|-----------------------------------|------------------|---|
|      |   |                            |                                   |                  |   |
| Deb  | Amanda L Allen  |                            | _   _                             | heck if this is: |   |
|      | otor 2 ouse, if filing)   |                            | _   [                             | A supplement sh  | ng<br>nowing postpetition chapter<br>of the following date: |
| ` '  |   |                            |                                   |                  |   |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTR   | ICT OF ILLINOIS            |                                   | MM / DD / YYYY   | (   |
|      | se numberknown)   |                            |                                   |                  |   |
| Of   | fficial Form 106J   |                            |                                   |                  |   |
| Sc   | chedule J: Your Expenses  |                            |                                   |                  | 12/1  |
| info | as complete and accurate as possible. If two marr<br>ormation. If more space is needed, attach another s<br>mber (if known). Answer every question.                 |                            |                                   |                  |   |
| Par  |   |                            |                                   |                  |   |
| 1.   | Is this a joint case?   |                            |                                   |                  |   |
|      | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate househo  | ld?                        |                                   |                  |   |
|      | □ No  |                            |                                   |                  |   |
|      | ☐ Yes. Debtor 2 must file Official Form 106.  | l-2, Expenses for Separate | e Household of [                  | Debtor 2.        |   |
| 2.   | Do you have dependents? ☐ No  |                            |                                   |                  |   |
| ۷.   |   | formation for              | t'a valatianahin t                | Donandant's      | Dago damandant  |
|      | Do not list Debtor 1 and Debtor 2.  | •                          | t's relationship to<br>r Debtor 2 | Dependent's age  | Does dependent live with you?                               |
|      | Do not state the  |                            |                                   |                  | □ No  |
|      | dependents names.   | D                          |                                   | 2                | ■ Yes   |
|      |   |                            |                                   |                  | □ No  |
|      |   | <u>D</u>                   |                                   | 15               | Yes   |
|      |   |                            |                                   |                  | □ No  |
|      |   |                            |                                   |                  |   |
|      |   |                            |                                   |                  | □ No  |
| 3.   | Do your expenses include ■ No   |                            |                                   |                  | Pes   |
| J.   | expenses of people other than yourself and your dependents?   |                            |                                   |                  |   |
| exp  | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing to benses as of a date after the bankruptcy is filed. If to plicable date. |                            |                                   |                  |   |
| the  | elude expenses paid for with non-cash government<br>value of such assistance and have included it on<br>ficial Form 106l.)  |                            |                                   | Your e           | xpenses   |
| 4.   | The rental or home ownership expenses for your payments and any rent for the ground or lot.   | residence. Include first n | nortgage<br>4                     | . \$             | 811.00  |
|      | If not included in line 4:  |                            |                                   |                  |   |
|      | 4a. Real estate taxes   |                            | 4a                                | . \$             | 0.00  |
|      | 4b. Property, homeowner's, or renter's insurance  |                            |                                   | . \$             | 0.00  |
|      | 4c. Home maintenance, repair, and upkeep exper  | nses                       |                                   | . \$             | 50.00   |
|      | 4d. Homeowner's association or condominium du   |                            | 4d                                | . \$             | 126.00  |
| 5    | Additional mortgage payments for your residence   | a such as home equity les  | nnc 5                             | \$               | 0.00  |

# Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 35 of 48

| Debtor              | 1 Amanda       | a L Allen  | Case num      | ber (if known)      |                        |
|---------------------|----------------|--|---------------|---------------------|------------------------|
| 6. <b>Ut</b>        | ilities:       |  |               |                     |                        |
| o. <b>O</b> t<br>6a |                | v, heat, natural gas   | 6a.           | \$                  | 300.00                 |
| 6b                  |                | ewer, garbage collection   | 6b.           |                     | 50.00                  |
| 6c                  |                | e, cell phone, Internet, satellite, and cable services   | 6c.           |                     | 90.00                  |
| 6d                  | •              |  | 6d.           | ·                   | 0.00                   |
|                     |                | sekeeping supplies   | ou.           |                     |                        |
|                     |                |  |               |                     | 600.00                 |
| _                   |                | children's education costs   | 8.            | \$                  | 100.00                 |
|                     |                | dry, and dry cleaning  | 9.            | \$                  | 100.00                 |
|                     |                | products and services  | 10.           |                     | 50.00                  |
|                     |                | ental expenses   | 11.           | \$                  | 50.00                  |
|                     |                | . Include gas, maintenance, bus or train fare.   | 12.           | \$                  | 250.00                 |
|                     |                | car payments.  | 13.           | ·                   | 30.00                  |
|                     |                | clubs, recreation, newspapers, magazines, and books  |               | · ·                 |                        |
|                     |                | tributions and religious donations   | 14.           | <b>5</b>            | 10.00                  |
|                     | surance.       | and the second s |               |                     |                        |
|                     | a. Life insur  | nsurance deducted from your pay or included in lines 4 or 20.  | 15a.          | ¢                   | 0.00                   |
|                     | b. Health ins  |  |               |                     | 0.00                   |
|                     |                |  | 15b.          |                     | 0.00                   |
|                     | c. Vehicle in  |  | 15c.          |                     | 120.00                 |
|                     |                | urance. Specify:   | 15d.          | \$                  | 0.00                   |
| _                   |                | nclude taxes deducted from your pay or included in lines 4 or 20.  | 4.0           | •                   |                        |
|                     | ecify:         |  | 16.           | \$                  | 0.00                   |
|                     |                | lease payments:  | 4-            | •                   |                        |
|                     |                | nents for Vehicle 1  | 17a.          | · -                 | 0.00                   |
|                     |                | nents for Vehicle 2  | 17b.          |                     | 0.00                   |
|                     | c. Other. Sp   | ·  | 17c.          | ·                   | 0.00                   |
|                     | d. Other. Sp   | · .  | 17d.          | \$                  | 0.00                   |
|                     |                | s of alimony, maintenance, and support that you did not report as  | 40            | Φ.                  | 0.00                   |
|                     |                | your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.           | ·                   | 0.00                   |
|                     |                | s you make to support others who do not live with you.   |               | \$                  | 0.00                   |
|                     | ecify:         |  | 19.           |                     |                        |
|                     |                | perty expenses not included in lines 4 or 5 of this form or on Scho  |               |                     |                        |
|                     |                | es on other property   | 20a.          | ·                   | 0.00                   |
| 20                  | b. Real esta   | ite taxes  | 20b.          | \$                  | 0.00                   |
| 20                  | c. Property,   | homeowner's, or renter's insurance   | 20c.          | \$                  | 0.00                   |
| 20                  | d. Maintena    | nce, repair, and upkeep expenses   | 20d.          | \$                  | 0.00                   |
| 20                  | e. Homeowr     | ner's association or condominium dues  | 20e.          | \$                  | 0.00                   |
| . Ot                | her: Specify:  |  | 21.           | +\$                 | 0.00                   |
|                     |                |  |               |                     |                        |
|                     | •              | monthly expenses   |               |                     |                        |
|                     | a. Add lines 4 | 9  |               | \$                  | 2,737.00               |
| 22                  | b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |               | \$                  |                        |
| 22                  | c. Add line 22 | 2a and 22b. The result is your monthly expenses.   |               | \$                  | 2,737.00               |
|                     |                |  |               |                     |                        |
|                     | -              | monthly net income.  |               |                     |                        |
|                     |                | 12 (your combined monthly income) from Schedule I.   | 23a.          | ·                   | 2,100.00               |
| 23                  | b. Copy you    | r monthly expenses from line 22c above.  | 23b.          | -\$                 | 2,737.00               |
|                     |                |  |               |                     |                        |
| 23                  |                | your monthly expenses from your monthly income.  | 20            | •                   | 627 00                 |
|                     | The resul      | t is your monthly net income.  | 23c.          | \$                  | -637.00                |
|                     |                |  |               |                     |                        |
|                     |                | an increase or decrease in your expenses within the year after your  |               |                     | o or dooroos beserve   |
|                     |                | you expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage?  | i inortgage į | payment to increase | or decrease because of |
|                     |                | s terms or your mortgage:  |               |                     |                        |
|                     | No.            |  |               |                     |                        |
|                     | Yes.           | Explain here:  |               |                     |                        |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Fill in this information to identify your case: Debtor 1 Amanda L Allen First Name Middle Name 1 act Name Debtor 2 First Name (Spouse if, filing) Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS (if known) ☐ Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 89.000.00 1a. Copy line 55, Total real estate, from Schedule A/B...... 1b. Copy line 62, Total personal property, from Schedule A/B..... 16,260.00 1c. Copy line 63, Total of all property on Schedule A/B..... 105,260.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 73,000.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 32,457.00 Your total liabilities 105.457.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,100.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2.737.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

### What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Ġ

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main

Debtor 1 Amanda L Allen Document Page 33-07/14/9er (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,700.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim |
|--|-------|-------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00  |
| 9g. Total. Add lines 9a through 9f.  | \$    | 0.00  |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 38 of 48

|                                 | 1.                                    |                 |                  |  |                    |                  |         |  |       |
|---------------------------------|---------------------------------------|-----------------|------------------|--|--------------------|------------------|---------|--|-------|
| Fill in this inform             | ation to identify                     | your case:      |                  |  |                    | 4.54             |         |  |       |
| Debtor 1                        | Amanda L                              | Allen           |                  |  |                    |                  |         |  |       |
|                                 | First Name                            | Mi              | iddle Name       | Last                                   | Name               |                  |         |  |       |
| Debtor 2<br>(Spouse if, filing) | First Name                            | Mi              | iddle Name       | 1 201                                  | Name               |                  |         |  |       |
| (Spouse it, Itility)            | Filst Name                            | 1411            | iddie Haille     | Lasi                                   | Name               |                  |         |  |       |
| United States Bar               | kruptcy Court fo                      | r the: NORTI    | HERN DISTRICT    | OF ILLINOI                             | S                  | <del> </del>     |         |  |       |
| Case number                     |                                       |                 |                  |  |                    |                  |         |  |       |
| (if known)                      | 3                                     |                 |                  |  |                    |                  |         | Check if this is a                         | ın    |
|                                 | :                                     |                 |                  |  |                    |                  |         | amended filing                             |       |
|                                 | , ii                                  |                 |                  |  |                    |                  |         |  |       |
| Official Form                   | 106Doc                                |                 |                  |  |                    |                  |         |  |       |
|                                 |                                       | 4               |                  | D - I-4.                               |                    |                  |         |  |       |
| Declarati                       | on Abo                                | ut an In        | dividual         | Depto                                  | or's Sche          | eaules           |         |  | 12/15 |
| years, or both. 18<br>Sign      | Below                                 | 1341, 1313, and | 13371.           |  |                    |                  |         |  |       |
| Did you pay                     | or agree to pay                       | someone who     | o is NOT an atto | rney to help                           | you fill out bankı | ruptcy forms?    |         |  |       |
| ■ No                            |                                       |                 |                  |  |                    |                  |         |  |       |
| ☐ Yes. N                        | ame of person                         |                 |                  | ······································ |                    |                  |         | tition Preparer's N<br>ature (Official For |       |
|                                 | gar.                                  |                 |                  |  |                    |                  |         |  |       |
|                                 | ty of perjury, I d<br>true and correc |                 | ve read the sum  | mary and so                            | chedules filed wit | th this declarat | ion and |  |       |
| X X                             | Tue and correct                       | ,ı.<br>         |                  | х                                      |                    |                  |         |  |       |
|                                 | a L Allen                             |                 |                  |  | Signature of Debi  | tor 2            |         | 147-711141                                 |       |
|                                 | e of Debtor 1                         | _               |                  |  | •                  |                  |         |  |       |
| Date                            | 1-0-                                  | -Y3             |                  |  | Date               |                  |         |  |       |
|                                 | <del>, , ,</del>                      |                 |                  |  |                    |                  |         |  |       |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

## Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 39 of 48

| Fill in  | this inform                  | ation to identify you      | case:                               |   |  |                                      |
|----------|------------------------------|----------------------------|-------------------------------------|---|--|--------------------------------------|
| Debto    | or 1                         | Amanda L Allen             | Middle None                         | Loot Name   |  |                                      |
| Debto    | or 2                         | First Name                 | Middle Name                         | Last Name   |  |                                      |
|          | e if, filing)                | First Name                 | Middle Name                         | Last Name   |  |                                      |
| Unite    | d States Ban                 | kruptcy Court for the:     | NORTHERN DISTRICT O                 | OF ILLINOIS   |  |                                      |
| Case     | number                       |                            |                                     |   |  |                                      |
| (if know | /n)                          |                            |                                     |   | _  | Check if this is an<br>mended filing |
|          |                              |                            |                                     |   |  | · ·                                  |
| ∩ffi     | cial For                     | m 107                      |                                     |   |  |                                      |
|          |                              |                            | Affaira far Individ                 | duala Filina far D  | on less und ou   |                                      |
| Sta      | ement                        | of Financial A             | Attairs for individ                 | duals Filing for B  | ankruptcy  | 4/16                                 |
|          |                              |                            |                                     |   | equally responsible for sup<br>additional pages, write you |                                      |
|          |                              | ). Answer every ques       |                                     | uns form. On the top of any   | additional pages, write you                                | ai name and case                     |
| Part '   | Give D                       | etails About Your Ma       | rital Status and Where You          | Lived Before  |  |                                      |
|          |                              | current marital statu      |                                     | LIVER DETOTE  |  |                                      |
| _        | _                            |                            |                                     |   |  |                                      |
|          | ☐ Married                    |                            |                                     |   |  |                                      |
|          | Not marr                     | ried                       |                                     |   |  |                                      |
| 2. D     | uring the la                 | st 3 years, have you       | lived anywhere other than           | where you live now?   |  |                                      |
|          | No                           |                            |                                     |   |  |                                      |
|          | Yes. List                    | all of the places you l    | ived in the last 3 years. Do no     | ot include where you live now                                       |  |                                      |
| I        | Debtor 1 Pri                 | or Address:                | Dates Debtor 1 lived there          | Debtor 2 Prior Ad   | dress:   | Dates Debtor 2<br>lived there        |
| 2 V      | lithin the la                | et 9 years, did you o      | vor livo with a spouse or loc       | ral aquivalent in a commun  | ity property state or territor                             | u2 (Community proporty               |
|          |                              |                            |                                     |   | co, Texas, Washington and V                                |                                      |
|          | <b>.</b>                     |                            |                                     |   |  |                                      |
| -        | ■ No<br>T Ves Mal            | ke sure vou fill out Sch   | nedule H: Your Codebtors (Of        | fficial Form 106H)  |  |                                      |
|          |                              | ke sare you iiii out oci   | icadic 11. Todi Godebiois (Oi       | molari omi roorij.  |  |                                      |
| Part 2   | Explain                      | n the Sources of You       | r Income                            |   |  |                                      |
|          |                              |                            |                                     |   | ar or the two previous cale                                | ndar years?                          |
|          |                              |                            |                                     | all businesses, including part-<br>e together, list it only once un |  |                                      |
|          | ] No                         |                            |                                     |   |  |                                      |
|          | Yes. Fill                    | in the details.            |                                     |   |  |                                      |
|          |                              |                            | D-144                               |   | Dalita a 0   |                                      |
|          |                              |                            | Debtor 1<br>Sources of income       | Grass income  | Debtor 2   | Gross income                         |
|          |                              |                            | Check all that apply.               | Gross income<br>(before deductions and<br>exclusions)               | Sources of income<br>Check all that apply.                 | (before deductions and exclusions)   |
|          | ast calendar<br>ary 1 to Dec | year:<br>cember 31, 2017 ) | ☐ Wages, commissions, bonuses, tips | \$7,000.00  | ☐ Wages, commissions, bonuses, tips                        |                                      |
|          |                              |                            | Operating a business                |   | ☐ Operating a business                                     |                                      |

Official Form 107

Page 40 of 48 Case number (if known) Document Debtor 1 Amanda L Allen

|     |  |  | Dahtan 4   |  | Dahtan 2  |  |
|-----|--|--|--|--|---|--|
|     |  |  | Debtor 1   | One in   | Debtor 2  | Onese income   |
|     |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income Check all that apply.   | Gross income (before deductions and exclusions)                |
|     |  | dar year before tha<br>December 31, 2016   |  | \$10,000.00  | ☐ Wages, commission bonuses, tips   | ons,   |
|     |  |  | Operating a business   |  | ☐ Operating a busin   | ess  |
|     | the calen  | dar year:<br>December 31, 2015   | ☐ Wages, commissions, bonuses, tips  | \$15,684.00  | ☐ Wages, commission bonuses, tips   | ons,   |
|     |  |  | Operating a business   |  | Operating a busing  | ess  |
| 5.  | Include include and other winnings.  List each s | come regardless of we public benefit payments from a joir filling a joir from the properties of the pr | come during this year or the two whether that income is taxable. Ex- ents; pensions; rental income; inte- nt case and you have income that y s income from each source separa  | amples of other income are a rest; dividends; money collectyou received together, list it of the collectyou received together.   | ted from lawsuits; royalt<br>nly once under Debtor  | ies; and gambling and lottery                                  |
|     |  |  | Debtor 1   |  | Debtor 2  |  |
|     |  |  | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of income<br>Describe below.  | Gross income<br>(before deductions<br>and exclusions)          |
|     |  | dar year before tha<br>December 31, 2016   |  | \$2,000.00   |   |  |
|     | the calen  | dar year:<br>December 31, 2015   | Child Support  | \$7,000.00   |   |  |
|     |  |  |  |  |   |  |
| Par | rt 3: List                                       | <b>Certain Payments</b>  | You Made Before You Filed for  | Bankruptcy   |   |  |
| Par | •  |  | You Made Before You Filed for  |  |   |  |
|     | •  | Debtor 1's or Deb  | You Made Before You Filed for<br>tor 2's debts primarily consume<br>nor Debtor 2 has primarily const<br>for a personal, family, or househo   | r debts?<br>umer debts. Consumer debts   | s are defined in 11 U.S.0   | C. § 101(8) as "incurred by an                                 |
|     | Are either                                       | Debtor 1's or Debtor 1 individual primarily  During the 90 days  | tor 2's debts primarily consume<br>nor Debtor 2 has primarily consu  | r debts?<br>umer debts. Consumer debts<br>ld purpose."   |   | C. § 101(8) as "incurred by an                                 |
|     | Are either                                       | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to l   | tor 2's debts primarily consume<br>nor Debtor 2 has primarily const<br>for a personal, family, or househo<br>before you filed for bankruptcy, di   | r debts?<br>umer debts. Consumer debts<br>ld purpose."   |   | C. § 101(8) as "incurred by an                                 |
|     | Are either                                       | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to large Yes List be paid the  | tor 2's debts primarily consume<br>nor Debtor 2 has primarily const<br>for a personal, family, or househo<br>before you filed for bankruptcy, di   | r debts? umer debts. Consumer debts Id purpose." id you pay any creditor a total id a total of \$6,425* or more ints for domestic support oblig  | of \$6,425* or more?  | s and the total amount you                                     |
|     | Are either                                       | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to large years  Yes List be paid the not income.   | tor 2's debts primarily consume<br>nor Debtor 2 has primarily consu-<br>for a personal, family, or househo<br>before you filed for bankruptcy, di<br>ine 7.<br>low each creditor to whom you pa<br>lat creditor. Do not include paymen   | r debts?  umer debts. Consumer debts Id purpose."  id you pay any creditor a total  id a total of \$6,425* or more ints for domestic support oblighis bankruptcy case.   | of \$6,425* or more?  n one or more payments ations, such as child su   | s and the total amount you<br>pport and alimony. Also, do      |
|     | Are either No.                                   | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to large 1 Yes List be paid the not ince  * Subject to adjust  Debtor 1 or Debtor  | tor 2's debts primarily consume<br>nor Debtor 2 has primarily consu-<br>for a personal, family, or househo<br>before you filed for bankruptcy, di<br>ine 7.<br>low each creditor to whom you pa<br>lat creditor. Do not include payment<br>dude payments to an attorney for t  | r debts?  umer debts. Consumer debts Id purpose."  id you pay any creditor a total  id a total of \$6,425* or more i  nts for domestic support oblig his bankruptcy case. s after that for cases filed on  umer debts.   | of \$6,425* or more?  n one or more payments ations, such as child su or after the date of adju                       | s and the total amount you<br>pport and alimony. Also, do      |
|     | Are either No.                                   | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to large 1 Yes List be paid the not ince  * Subject to adjust  Debtor 1 or Debtor  | tor 2's debts primarily consume nor Debtor 2 has primarily consume for a personal, family, or househor before you filed for bankruptcy, dine 7.  Ilow each creditor to whom you paralled payments to an attorney for the same on 4/01/19 and every 3 years or 2 or both have primarily consumer before you filed for bankruptcy, dispersions of the same of the sa | r debts?  umer debts. Consumer debts Id purpose."  id you pay any creditor a total  id a total of \$6,425* or more i  nts for domestic support oblig his bankruptcy case. s after that for cases filed on  umer debts.   | of \$6,425* or more?  n one or more payments ations, such as child su or after the date of adju                       | s and the total amount you<br>pport and alimony. Also, do      |
|     | Are either No.                                   | Debtor 1's or Debtor 1 individual primarily  During the 90 days  No. Go to I  Yes List be paid the not ince * Subject to adjust  Debtor 1 or Debtor  During the 90 days  No. Go to I  Yes List be include  | tor 2's debts primarily consume nor Debtor 2 has primarily consume for a personal, family, or househor before you filed for bankruptcy, dine 7.  Ilow each creditor to whom you paralled payments to an attorney for the same on 4/01/19 and every 3 years or 2 or both have primarily consumer before you filed for bankruptcy, dispersions of the same of the sa | r debts?  umer debts. Consumer debts Id purpose."  id you pay any creditor a total id a total of \$6,425* or more ints for domestic support oblighis bankruptcy case. Is after that for cases filed on umer debts. Id you pay any creditor a total id a total of \$600 or more and | of \$6,425* or more?  In one or more payment: ations, such as child su or after the date of adju  I of \$600 or more? | s and the total amount you pport and alimony. Also, do stment. |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 41 of 48 Case number (if known) Document

Debtor 1 Amanda L Allen

|     | Creditor's Name and Address  | Dates of payment            | Total amount                            | Amount you               | Was this payment for                               |
|-----|--|-----------------------------|---|--------------------------|--|
|     | Guaranteed Rate  | 10/1/17; 11/1/17;           | paid<br>\$2,433.00                      | still owe<br>\$73,000.00 | Mortgogo   |
|     | 1 Corporate Drive  | 12/1/17                     | Ψ2, 100.00                              | Ψ10,000.00               | <ul><li>■ Mortgage</li><li>□ Car</li></ul>         |
|     | Suite 350  |                             |   |                          | ☐ Credit Card                                      |
|     | Lake Zurich, IL 60047  |                             |   |                          | ☐ Loan Repayment                                   |
|     |  |                             |   |                          | ☐ Suppliers or vendors                             |
|     |  |                             |   |                          | Other  |
|     | Capital One Auto Finance   | 09/15; 10/15; 11/15         | \$1,500.00                              | \$0.00                   | ☐ Mortgage   |
|     | PO Box 259407  |                             |   |                          | ■ Car  |
|     | Plano, TX 75025  |                             |   |                          | ☐ Credit Card                                      |
|     |  |                             |   |                          | ☐ Loan Repayment                                   |
|     |  |                             |   |                          | ☐ Suppliers or vendors                             |
|     |  |                             |   |                          | Other  |
|     | Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.  No | control, or owner of 20% of | or more of their voting                 | g securities; and a      | ny managing agent, including one for               |
|     | Yes. List all payments to an insider.  |                             |   |                          |  |
|     | Insider's Name and Address   | Dates of payment            | Total amount paid                       | Amount you still owe     | Reason for this payment                            |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider                      |                             | ments or transfer a                     | any property on a        | ccount of a debt that benefited an                 |
|     | Insider's Name and Address   | Dates of payment            | Total amount paid                       | Amount you still owe     | Reason for this payment<br>Include creditor's name |
| Pai | t 4: Identify Legal Actions, Repossession  | ns and Foreclosures         | P                                       |                          |  |
|     | , , ,  | ·                           |   |                          |  |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.                       |                             |   |                          |  |
|     | □ No   |                             |   |                          |  |
|     | Yes. Fill in the details.  |                             |   |                          |  |
|     | Case title Case number   | Nature of the case          | Court or agency                         |                          | Status of the case                                 |
|     | Amanda Allen v. Brian Cheesman   | Back Child                  | Twelfth Judicia                         | al Circuit               | ■ Pending  |
|     | 17 F 581   | Support                     | 14 W Jefferson                          | 1                        | ☐ On appeal  |
|     |  |                             | Joliet, IL 60432                        | 2                        | ☐ Concluded  |
|     | A I. All   | D. J. C. II.                |   |                          | _  |
|     | Amanda Allen v. Matthew O'Neil<br>10 F 408   | Back Child<br>Support       | Twelfth Judicial Circuit 14 W Jefferson |                          | Pending  |
|     | 10 1 400   | Support                     | Joliet, IL 60432                        | =                        | ☐ On appeal  |
|     |  |                             | ,                                       |                          | ☐ Concluded  |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Document

Page 42 of 48 Case number (if known) Debtor 1 Amanda L Allen 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Amount Date action was 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates vou more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. 

Yes. Fill in the details.

**Person Who Was Paid** Address **Email or website address** Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Page 43 of 48 Case number (if known) Document

Debtor 1 Amanda L Allen

|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and transferred                         | value of any prop            | perty           | Date payment<br>or transfer was<br>made                 | Amount of payment                             |
|-----|---|---|------------------------------|-----------------|---|---|
|     | Access Counseling Inc.<br>633 W. 5th Street<br>Los Angeles, CA 90071  | Credit Counse                                       | ling                         |                 | 11/30/17  | \$20.00                                       |
|     | Law Offices of Thomas M. Britt, P.C.<br>7601 W. 191st Street, Suite 1W<br>Tinley Park, IL 60487   | Attorney Fees                                       |                              |                 | 12/17   | \$600.00                                      |
|     | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you  | s or to make payment                                |                              |                 | or transfer any prope                                   | rty to anyone who                             |
|     | ■ No □ Yes. Fill in the details.  |   |                              |                 |   |   |
|     | Person Who Was Paid<br>Address  | Description and transferred                         | value of any prop            | perty           | Date payment or transfer was made                       | Amount of payment                             |
| 40  | Within 2 before you filed for bonds were  | 4:4 4   |                              |                 |   | th  |
|     | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already No | usiness or financial aff<br>de as security (such as | airs?<br>the granting of a   |                 |   |   |
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Person Who Received Transfer<br>Address   |   | property transferred payment |                 | any property or<br>s received or debts<br>xchange       | Date transfer was made                        |
|     | Person's relationship to you  |   |                              |                 | J. J. J.  |   |
|     | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro   |   | ny property to a s           | self-settled tr | rust or similar device                                  | of which you are a                            |
|     | Yes. Fill in the details.   |   |                              |                 |   | D . T .                                       |
|     | Name of trust   | Description and                                     | value of the prop            | erty transfer   | red   | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Ins  | truments, Safe Depos                                | it Boxes, and Sto            | orage Units     |   |   |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred?  | , were any financial a                              | ccounts or instru            | ıments held i   | in your name, or for y                                  | our benefit, closed,                          |
|     | Include checking, savings, money market, o houses, pension funds, cooperatives, assoc  No   |   |                              |                 | hares in banks, credi                                   | t unions, brokerage                           |
|     | Yes. Fill in the details.   |   |                              |                 |   |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                     | Type of accou<br>instrument  | cl<br>m         | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?   | ear before you filed fo                             | r bankruptcy, an             | y safe depos    | it box or other depos                                   | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.  |   |                              |                 |   |   |
|     | Name of Financial Institution   | Who else had ac                                     | cess to it?                  | Describe the    | contents  | Do you still                                  |
|     | Address (Number, Street, City, State and ZIP Code)  | Address (Number,<br>State and ZIP Code)             |                              |                 |   | have it?                                      |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 44 of 48

| Del | otor 1 | Amanda L Allen  | ·   | Ca     | ase number (if known)              |                       |
|-----|--------|---|---|--------|------------------------------------|-----------------------|
| 22. | Hav    | re you stored property in a storage unit or p   | lace other than your home within 1  | 1 yea  | ar before you filed for bankruptcy | ?                     |
|     |        | No<br>Yes. Fill in the details.   |   |        |                                    |                       |
|     |        | me of Storage Facility<br>dress (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | De     | escribe the contents               | Do you still have it? |
| Par | t 9:   | Identify Property You Hold or Control for   | Someone Else  |        |                                    |                       |
| 23. |        | you hold or control any property that some someone.   | one else owns? Include any prope  | rty y  | ou borrowed from, are storing fo   | r, or hold in trust   |
|     |        | No<br>Yes. Fill in the details.   |   |        |                                    |                       |
|     |        | /ner's Name<br>dress (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | De     | escribe the property               | Value                 |
| Par | t 10:  | Give Details About Environmental Inform   | ation   |        |                                    |                       |
| For | the p  | ourpose of Part 10, the following definitions   | apply:  |        |                                    |                       |
|     | toxi   | vironmental law means any federal, state, or<br>ic substances, wastes, or material into the a<br>ulations controlling the cleanup of these su | air, land, soil, surface water, groun   | _      | • •                                |                       |
|     | Site   | e means any location, facility, or property as<br>lown, operate, or utilize it, including disposal  | defined under any environmental   | law    | , whether you now own, operate,    | or utilize it or used |
|     |        | rardous material means anything an enviror<br>ardous material, pollutant, contaminant, or   |   | s wa   | aste, hazardous substance, toxic   | substance,            |
| Rep | ort a  | Ill notices, releases, and proceedings that y   | ou know about, regardless of whe  | n th   | ey occurred.                       |                       |
| 24. | Has    | any governmental unit notified you that yo  | u may be liable or potentially liable   | e un   | der or in violation of an environm | ental law?            |
|     |        | No<br>Yes. Fill in the details.   |   |        |                                    |                       |
|     |        | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                     | ıd     | Environmental law, if you know it  | Date of notice        |
| 25. | Hav    | e you notified any governmental unit of any   | release of hazardous material?  |        |                                    |                       |
|     |        | No<br>Yes. Fill in the details.   |   |        |                                    |                       |
|     |        | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                     | ıd     | Environmental law, if you know it  | Date of notice        |
| 26. | Hav    | re you been a party in any judicial or admini   | strative proceeding under any env   | iron   | mental law? Include settlements    | and orders.           |
|     |        | No<br>Yes. Fill in the details.   |   |        |                                    |                       |
|     |        | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)                       | Na     | ature of the case                  | Status of the case    |
| Par | t 11:  | Give Details About Your Business or Cor   | nnections to Any Business   |        |                                    |                       |
| 27. | Wit    | hin 4 years before you filed for bankruptcy,  |   |        |                                    | y business?           |
|     |        | ■ A sole proprietor or self-employed in a   | trade, profession, or other activity  | , eitl | her full-time or part-time         |                       |

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

| Deb   | otor 1  | Amanda L Allen   |  | Document  | Page 45 of ch                                 | Se number (if known)  |
|-------|---|--|--|---|---|---|
|       |   |  |  |   |   |   |
|       |   | ☐ A partner in a part                                      | nership  |   |   |   |
|       |   |  | 21   | ecutive of a corporatio                           | n   |   |
|       |   |  | •  | ng or equity securities o                         |   |   |
|       |   | No. None of the abov                                       | T.   |   | a corporation                                 |   |
|       |   |  |  | I in the details below fo                         | r each husiness                               |   |
|       |   | iness Name   | opiy above and in  | Describe the nature of                            |   | Employer Identification number  |
|       | Add   | Iress<br>ber, Street, City, State and Z                    | (IP Code)  | Name of accountant of                             | or hookkeener                                 | Do not include Social Security number or ITIN.  |
|       | •   | , , , , , , , , , , , , , , , , , , ,                      | ,  | rame or accountant                                | or bookkeeper                                 | Dates business existed  |
|       |   | f-Employed<br>58 S. Graceland La                           | ne.  |   |   | EIN:  |
|       | Uni   | t D  |  |   |   | From-To   |
|       | Fra   | nkfort, IL 60423   | · .  |   |   |   |
|       | Institution Insti | tutions, creditors, or o<br>No<br>Yes. Fill in the details | other parties.   | tcy, did you give a finar<br>Date Issued          | ncial statement to an                         | nyone about your business? Include all financial  |
| are t | rue a<br>a bar  | nd correct. I understa                                     | and that making a<br>sult in fines up to   | false statement, conce<br>\$250,000, or imprisonm | aling property, or o<br>nent for up to 20 yea | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
|       |   | L Allen<br>e of Debtor 1                                   | \$   | Signature of                                      | Debtor 2                                      |   |
| Dat   |   | 1-07-18  |  | Date  |   |   |
|       | you a   | ttach additional page                                      | s to Your Stateme  |   | for Individuals Filin                         | g for Bankruptcy (Official Form 107)?   |
| Did : |   | ay or agree to pay so                                      | meone who is no  | t an attorney to help yo                          | u fill out bankruptcy                         | y forms?  |
|       |   | ame of Person  | :<br>Attach the <i>Bankru</i>  | ptcy Petition Preparer's I                        | Notice, Declaration, a                        | and Signature (Official Form 119).  |
|       |   |  | i de la companya de l | •   |   |   |
|       |   |  |  |   |   |   |
|       |   |  | ÷  |   |   |   |
|       |   |  |  |   |   |   |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 46 of 48

| Fill in this infor              | mation to identify your                         | case:                 | Andria de la Alemania de Alemania  |                                |  |
|---------------------------------|---|-----------------------|--|--------------------------------|--|
|                                 |   |                       | And provided the Edition of the Control of the Cont |                                |  |
| Debtor 1                        | Amanda L Allen First Name                       | Middle Name           | Last Name  | METROPO AND PART AND PROPERTY. |  |
| Debtor 2                        | ;   |                       |  |                                |  |
| (Spouse if, filing)             | First Name                                      | Middle Name           | Last Name  |                                |  |
| United States Ba                | inkruptcy Court for the:                        | NORTHERN DIS          | TRICT OF ILLINOIS  |                                |  |
| Case number _<br>(if known)     |   |                       |  |                                | heck if this is an<br>mended filing                                |
| Official Fo<br><b>Stateme</b> r |   | n for Indiv           | viduals Filing Under   | Chapter 7                      | 12/15  |
| If you are an ind               | ividual filing under cha                        | pter 7, you must fil  | l out this form if:  |                                |  |
| creditors have                  | e claims secured by yo                          | ur property, or       |  |                                |  |
| You must file thi               | ever is earlier, unless th                      | ithin 30 days after   | ot expired.<br>you file your bankruptcy petition or l<br>e time for cause. You must also send  |                                |  |
| •                               | eople are filing together<br>nd date the form.  | r in a joint case, bo | th are equally responsible for supply  | ring correct information. B    | oth debtors must   |
|                                 | and accurate as possib<br>our name and case nur |                       | s needed, attach a separate sheet to t   | this form. On the top of an    | y additional pages,  |
| Part 1: List Yo                 | our Creditors Who Have                          | . 0 0                 |  |                                |  |
| information be                  |   |                       | : Creditors Who Have Claims Secure What do you intend to do with the secures a debt?   | property that Did you          | m 106D), fill in the<br>u claim the property<br>mpt on Schedule C? |
| _                               | Guaranteed Rate                                 |                       | ☐ Surrender the property.  | □No                            |  |
| name:                           |   |                       | Retain the property and redeem i   | <b></b>                        |  |
| Description of property         | Mortgage on 2015<br>Lane, Unit D, Frank         |                       | ■ Retain the property and enter into<br>Reaffirmation Agreement.  □ Retain the property and [explain]:   |                                |  |
| securing debt:                  | 3   |                       | Li retain the property and texplains.  |                                |  |
|                                 | 32  |                       |  |                                |  |
|                                 | our Unexpired Persona                           |                       |  |                                |  |
| in the informatio               | n below. Do not list rea                        | il estate leases. Un  | in Schedule G: Executory Contracts<br>expired leases are leases that are sti<br>the trustee does not assume it. 11 U.  | ill in effect; the lease perio | ficial Form 106G), fill<br>d has not yet ended.                    |
| Describe your u                 | inexpired personal pro                          | perty leases          |  | Will the leas                  | se be assumed?   |
| Lessor's name:                  | · ·   |                       |  | □ No                           |  |
| Description of lea<br>Property: | ased  |                       |  | ☐ Yes                          | ٠  |
| Lessor's name:                  | ŧ<br>⊀  |                       |  | □ No                           |  |
| Description of lea              | ased  |                       |  |                                |  |
| Property:                       |   |                       |  | ☐ Yes                          |  |
| Lessor's name:                  | * * * * * * * * * * * * * * * * * * *           |                       |  | □ No                           |  |
| Official Form 108               | \$<br>**  | Statement of In       | tention for Individuals Filing Under C   | Chapter 7                      | page 1   |

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 47 of 48

| Debtor 1 Amanda L Allen  | Case number (if known)  |
|--|---|
|  |   |
| Description of leased<br>Property:                               | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:                               | □ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:                               | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:                               | ☐ Yes   |
| Lessor's name:   | □ No  |
| Description of leased<br>Property:                               | ☐ Yes   |
| Part 3: Sign Below   |   |
| Under penalty of perjury, I decloroperty that is subject to an u | are that I have indicated my intention about any property of my estate that secures a debt and any personal nexpired lease. |
| Amanda L Allen   | Signature of Debtor 2   |
| Signature of Debtor 1  Date                                      | Date  |

Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Case 18-01118 Doc 1 Filed 01/15/18 Entered 01/15/18 17:02:59 Desc Main Document Page 48 of 48

## United States Bankruptcy Court Northern District of Illinois

| In re | Amanda L Allen                                 | Debtor(s)                             | Case No. Chapter   | 7                         |
|-------|--|---------------------------------------|--------------------|---------------------------|
|       | VERI   | FICATION OF CREDITOR M                | IATRIX             |                           |
|       |  | Number of                             | Creditors:         | 11                        |
|       | The above-named Debtor(s) her (our) knowledge. | reby verifies that the list of credi  | tors is true and o | correct to the best of my |
| Date: | 1-9-18   | Amanda L Allen<br>Signature of Debtor |                    |                           |

3